

mercy Hosp

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12582

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Mersey Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1508
St. _____ Ward _____

2. FULL NAME

Alberta Rose

(a) Residence. No. Peabody Kans St. Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-10-29

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
10 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Peabody
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER John Rose

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Lexie Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY) _____

14. INFORMANT John Rose
(Address) Peabody Kans

15. FILED 4/6 19 30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-5 1930

17. I HEREBY CERTIFY, That I attended deceased from 3 14 1930 to 4-5 1930 that I last saw h.e.y. alive on 4-5 1930, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

32A MILIARY TUBERCULOSIS
37A Since birth? (duration) yrs. mos. ds. _____
CONTRIBUTORY Same (SECONDARY) (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Lab. clinical + autopsy
(Signed) S. Pascale, M.D. M. D.

4/6 19 30 (Address) Mersey Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Peabody Kansas DATE OF BURIAL Apr 7 1930

20. UNPERTAKER Gibson & Son ADDRESS Peabody

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

PERMANENT

THIS IS A

PERMANENT

RECORD

20

